

Exhibit C

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In Re:)
W.R. GRACE & CO., et al,) Chapter 11
Debtors.) Case No. 01-1139 (JKF)
_____) Volume I

VIDEOTAPED DEPOSITION OF ALAN C. WHITEHOUSE, M.D.

Taken at the instance of the Debtors

March 19, 2009

8:30 a.m.

818 W. Riverside Avenue

Spokane, Washington

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1 A. That's correct.

2 Q. Okay. So, it's fair to say that what we've
3 identified, then, that is what's forming the basis of
4 your opinion?

5 MR. HEBERLING: Objection, vague.

6 THE WITNESS: Your tone and the way you
7 say that tends to minimize what the private practitioners
8 do.

9 Q. (BY MR. STANSBURY:) I'm not attempting to
10 minimize it. All I'm trying to do is just get a list.
11 At this point I just want to make sure I understand what
12 the bases are.

13 And the diagnostic practice includes your
14 analyses of how many individuals?

15 A. What do you mean? In the total clinic --

16 Q. Yes.

17 A. -- that I have seen? I don't know the exact
18 number. We've got 1800 cases. I have seen most of them.

19 Q. So, there are 1800 people whose patient care
20 over the years is relevant to your opinions in this case?

21 A. Yes.

22 Q. Okay. And do you know how many of those
23 individuals for whom you have produced medical records in
24 this case?

25 A. Basically, how many -- It's however many are

1 involved in the lawsuit for the bankruptcy -- before the
2 bankruptcy was filed. I assume that's the number.

3 Q. Okay.

4 A. And I think there's seven or eight hundred,
5 something like that.

6 Q. Seven or eight hundred. But you mentioned
7 1800 people, correct?

8 A. Oh, yes. There's an awful lot of people.
9 And we continue to diagnose people on a regular basis.

10 Q. And in your mind you don't segment these
11 seven or eight hundred people and think, this is the
12 basis of my opinion. You look at all 1800 --

13 A. We look at them all, yeah.

14 Q. Right. So, all of them are relevant to your
15 opinion?

16 A. Yes.

17 Q. Okay. Just want to make sure we are clear on
18 that.

19 So, the diagnostic history of these 1800
20 people, the 2004 study, the CARD Mortality Analysis,
21 those are the fundamental bases of your opinions,
22 correct?

23 A. Yes. I guess.

24 Q. Okay.

25 A. That's fair enough.

1 believe he identified he had seen up to a certain point.

2 "QUESTION: Certain point in time?

3 "ANSWER: Yes.

4 "QUESTION: But you believe that he told
5 you that there were actually more than 27?

6 "ANSWER: Yes.

7 "QUESTION: And what did you do with that
8 information that there were more than 27, did you want to
9 get that information?

10 "ANSWER: We didn't pursue that. We had
11 to have some cutoff point, so we selected a cutoff
12 point."

13 Did I read that correctly, sir?

14 A. Yes.

15 Q. So, you had more than 27, but you only
16 provided 27 to ATSDR, is that correct?

17 A. I provided all I had up to the cut-off point
18 that they gave me.

19 Q. Okay.

20 A. And I don't know how many more I had after
21 that.

22 Q. And how many of those individuals were
23 determined to have only environmental exposure?

24 A. In that 27?

25 Q. Yes, sir.

1 A. There were eight of them.

2 Q. So, out of the 27, eight had environmental
3 exposure, correct?

4 A. Yeah. And basically what they did was they
5 went through every little single detail about it, and
6 were able to find another exposure, and they were very,
7 very strict about the thing, to get down to those eight.

8 Q. Okay. I'm going to ask you to turn to page
9 18, please. Now, these x-rays for these individuals were
10 classified by B-readers, correct?

11 A. I think they were, yeah.

12 Q. Three B-readers, actually, right? I'm going
13 to read, and please follow along with me toward the top
14 of the page.

15 "QUESTION: With respect to these four
16 that the reviewers and your study had found did not have
17 lung changes consistent with asbestos-related disease,
18 how did Dr. Whitehouse react to that?

19 "ANSWER: He was upset.

20 "QUESTION: Did he tell you why he was
21 upset?

22 "ANSWER: I don't think so.

23 "QUESTION: How did he express that state
24 of being upset, did he call you?

25 "ANSWER: Yes.

1 this --

2 Q. Well, ILD, that means --

3 A. -- that have pulmonary function otherwise.

4 Q. Well, ILD is interstitial lung disease,
5 right?

6 A. That's correct.

7 Q. And there are numerous types of interstitial
8 lung disease, correct?

9 A. 150 or so, that's right.

10 Q. Although that's just a sentence, that's well
11 over a hundred potential conditions in which you could
12 see normal FVC, normal TLC, and a decrement in DLCO. But
13 you do not see pleural abnormalities listed here,
14 correct?

15 A. No, they do not, but they are in many other
16 articles. You're just sort of cherry picking things that
17 you can use to give me problems with this.

18 Q. Okay.

19 A. Suggest anaemia, requires very severe
20 anaemia. I would disagree with the DLCO being decreased
21 in early emphysema. In early emphysema, the FEV1/FVC
22 ratio is decreased long before the DLCO goes down.

23 Q. So, is it fair to say that in formulating the
24 opinions that you will offer at the confirmation hearing,
25 particularly with respect to DLCO and whether pleural

1 disease causes DLCO, that you did not take into account
2 the statements in this ATS statement, this ATS/ERS
3 statement regarding lung function?

4 A. No. Do you want me to take into account
5 every statement that you've come up relative to this?

6 This is something that I'm not intimately
7 familiar with. So, you can read a statement out of that
8 and I'm supposed to agree or disagree with it, when I've
9 got another statement that may be contrary with that.
10 And that's basically what you're doing here.

11 Q. Well, let's continue with the rest of this
12 paragraph.

13 A. And, you know, I'm tired, and I don't feel
14 very well, and I'm going to end this deposition now.
15 Okay.

16 Q. Dr. Whitehouse, we have not gotten through
17 all of the material. I still have more time.

18 A. I don't care whether you have or not. You
19 are going to have another chance, another crack at me.
20 I'm done. Okay?

21 Q. Dr. Whitehouse --

22 MR. HEBERLING: I'm sorry, Brian --

23 Q. (BY MR. STANSBURY:) -- let's take a break.
24 Are you walking out of this deposition?

25 A. I'm walking out.

1 MR. HEBERLING: He's already gone beyond
2 probably what he should have. Now, he's not been well.

3 MR. STANSBURY: This is not what we
4 agreed to.

5 MR. HEBERLING: You can't agree on what
6 his condition's going to be at the time of deposition.

7 MR. STANSBURY: We will depose you again.

8 MR. HEBERLING: Oh, yes. You may do
9 that.

10 THE WITNESS: You'll get your other crack
11 at me. But we're done for today. That's all there is
12 to it.

13 MR. HEBERLING: When you're 71 years old,
14 maybe you will understand this. I mean, you've been at
15 him since 8:30 this morning.

16 THE VIDEOGRAPHER: Are we going --

17 MR. STANSBURY: Stay on the record.

18 MR. SCHIAVONI: John, I don't need to go
19 on. I will just reserve my rights. Is that acceptable?

20 MR. HEBERLING: Certainly you may reserve
21 your rights. You'll get another chance. But, you know,
22 I'll bet we've gone farther than we should have gone
23 already.

24 MR. STANSBURY: And what is the time,
25 sir?